



TENNESSEE  
DEPARTMENT OF HEALTH  
BOARD OF PHARMACY  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243  
615-741-2718

**A REPORT TO A LOCAL LAW ENFORCEMENT AGENCY BY A PROVIDER OF A  
PERSON ATTEMPTING TO OBTAIN CONTROLLED SUBSTANCES BY  
DECEPTION**

To:

*Insert the appropriate local law enforcement agency (as indicated on the CSMD website):*

\_\_\_\_\_

From:

*Practitioner's name:* \_\_\_\_\_

*Office address:* \_\_\_\_\_

\_\_\_\_\_

*Phone number:* \_\_\_\_\_

Date\*:

\_\_\_\_\_ (\*Date must be within five business days of the incident.)

The above-named physician, dentist, optometrist, podiatrist, veterinarian, advanced practice nurse with a certificate of fitness issued under title 63, chapter 7, or physician assistant has actual knowledge that on \_\_\_\_\_ (*insert date*), the following person;

**Patient's Name:** \_\_\_\_\_

**Patient's Address:** \_\_\_\_\_

\_\_\_\_\_

**Driver's License Number & State:** \_\_\_\_\_

**Patient's DOB:** \_\_\_\_\_

knowingly, willfully and with intent to deceive, obtained or attempted to obtain controlled substances by deceit or failing to disclose that he or she has received the same controlled substance or one of similar therapeutic use, **OR** a prescription for the same controlled substance or one of similar therapeutic use, from another practitioner within the previous 30 days.